

## Collin County Grant Summary Form

<b>Department Name/Number:</b> Collin County Sheriff's Office		Submit completed form along with one <u>original</u> copy of the grant application and supporting documentation to the Budget & Finance Office (BFO) not less than 15 days prior to the scheduled Commissioner Court meeting. If you have any questions contact Mark Jackson at (972) 548-4672.
<b>Contact Person:</b> Randy Clark		
<b>Title:</b> Assistant Chief	<b>Phone:</b> 5208	

Grant Description				
<b>Grant Title:</b> Justice and Mental Health Collaboration Program	<b>Funding Source:</b> <input type="checkbox"/> State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> Other:	<b>Grant Type:</b> <input checked="" type="checkbox"/> New Grant <input type="checkbox"/> Continuation <input type="checkbox"/> Amendment	<b>Award Type:</b> <input checked="" type="checkbox"/> One-Time <input type="checkbox"/> Ongoing	
<b>Grantor:</b> Bureau of Justice (BJA)	<b>Payment Method:</b> <input type="checkbox"/> Cost Reimbursement <input checked="" type="checkbox"/> Other:			
<b>Application Deadline:</b> April 8, 2010	<b>Court Agenda Date:</b> April 5, 2010	<b>Award Date:</b> July 2010	<b>Project Start Date:</b> October 2010	<b>Project End Date:</b> September 2011

**Purpose:**

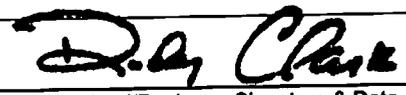
To design a strategic collaborative plan with a local mental health provider (LifePath) for the development of Jail Diversion plans.

Grant Categories / Funding Source	Federal Funds	State Funds	Local Funds	County Match	In-Kind	Total
Personnel						
Operating	\$ 49,830.00			\$ 12,500.00		\$ 62,330.00
Capital Equipment						
Indirect Costs						
<b>Total</b>	\$ 49,830.00			\$ 12,500.00		\$ 62,330.00
FTEs						

Performance Measures  Applicable Outcome Measures	FY 2009 Progress to Date				FY 2010
	Q1	Q2	Q3	Q4	Projected
Develop a collaborative planning process					
Develop formal collaborative agreements					
Identify and increase use of relevant data					

The Department named above is applying for the Grant Program named above, and if awarded, will accept full responsibility for the management of any funds awarded to the County under this grant, and will adhere to any policies and procedures set forth by the Grantor and its related agencies or agents, as well as those of the County, and its financial and administrative departments. To that end, please find enclosed the following items for initial review:

- Grant Summary Form
- Memo of request to Commissioner Court for acceptance and approval
- An electronic copy of the original, completed, signed Application
- All attachments, back-up documentation or amendments to be submitted to the Grantor in support of the application

<b>Completed by:</b> <u>RANDY CLARK</u> Department Head/Designee Printed Name	 <u>3/26/10</u> Department Head/Designee Signature & Date
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Handwritten signature or text, possibly "D. A. Clark" or similar, written in cursive.

Faint handwritten text or signature at the bottom right of the page.

**Budget Summary-** When you have completed the budget worksheet, transfer the totals for each category to the spaces below. Compute the total direct costs and the total project costs. Indicate the amount of Federal requested and the amount of non-Federal funds that will support the project.

Budget Category	Amount
A. Personnel	_____
B. Fringe Benefits	\$6,720.00
C. Travel	\$6,910.00
D. Equipment	\$0.00
E. Supplies	\$2,500.00
F. Construction	\$0.00
G. Consultants/Contracts	\$41,200.00
H. Other	\$5,000.00
<b>Total Direct Costs</b>	<b>\$62,330.00</b>
I. Indirect Costs	\$0.00
<b>TOTAL PROJECT COSTS</b>	<b>\$62,330.00</b>
Federal Request	\$49,830.00
Non-Federal Amount	\$12,500.00

# Budget Detail Worksheet

**Purpose:** The Budget Detail Worksheet may be used as a guide to assist you in the preparation of the budget and budget narrative. You may submit the budget and budget narrative using this form or in the format of your choice (plain sheets, your own form, or a variation of this form). However, all required information (including the budget narrative) must be provided. Any category of expense not applicable to your budget may be deleted.

**A. Personnel** - List each position by title and name of employee, if available. Show the annual salary rate and the percentage of time to be devoted to the project. Compensation paid for employees engaged in grant activities must be consistent with that paid for similar work within the applicant organization.

Name/Position	Computation	Cost
Position 1, each position entry limited to one line		
Position 2		
Position 3		
Position 4		
Position 5		
Position 6		
<b>SUB-TOTAL</b>		<b>\$0.00</b>

**B. Fringe Benefits** - Fringe benefits should be based on actual known costs or an established formula. Fringe benefits are for the personnel listed in budget category (A) and only for the percentage of time devoted to the project. Fringe benefits on overtime hours are limited to FICA, Workman's Compensation, and Unemployment Compensation.

Name/Position	Computation	Cost
Fringe benefit 1, each benefit entry is limited to one line		
Fringe benefit 2		
Fringe benefit 3		
Fringe benefit 4		
Fringe benefit 5		
<b>SUB-TOTAL</b>		<b>\$0.00</b>
<b>Total Personnel &amp; Fringe Benefits</b>		<b>\$0.00</b>

**C. Travel** - Itemize travel expenses of project personnel by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). In training projects, travel and meals for trainees should be listed separately. Show the number of trainees and the unit costs involved. Identify the location of travel, if known. Indicate source of Travel Policies applied, Applicant or Federal Travel Regulations.

Purpose of Travel	Location	Item	Computation	Cost
Travel entry 1, two lines per entry				
Travel entry 2				
Travel entry 3				
Travel entry 4				
Travel entry 5				
Travel entry 6				
Travel entry 7				
<b>TOTAL</b>				\$0.00

**D. Equipment** - List non-expendable items that are to be purchased. Non-expendable equipment is tangible property having a useful life of more than two years and an acquisition cost of \$5,000 or more per unit. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Expendable items should be included either in the "supplies" category or in the "Other" category. Applicants should analyze the cost benefits of purchasing versus leasing equipment, especially high cost items and those subject to rapid technical advances. Rented or leased equipment costs should be listed in the "Contractual" category. Explain how the equipment is necessary for the success of the project. Attach a narrative describing the procurement method to be used.

Item	Computation	Cost
Equipment entry 1, one line per entry		
equipment entry 2		
equipment entry 3		
equipment entry 4		
equipment entry 5		
<b>TOTAL</b>		\$0.00

**E. Supplies** - List items by type (office supplies, postage, training materials, copying paper, and expendable equipment items costing less than \$5,000, such as books, hand held tape recorders) and show the basis for computation. (Note: Organization's own capitalization policy may be used for items costing less than \$5,000). Generally, supplies include any materials that are expendable or consumed during the course of the project.

Supply Items	Computation	Cost
Supply item 1, one line per entry		
supply item 2		
supply item 3		
supply item 4		
supply item 5		
supply item 6		
supply item 7		
supply item 8		
supply item 9		
<b>TOTAL</b>		<b>\$0.00</b>

**F. Construction** - As a rule, construction costs are not allowable. In some cases, minor repairs or renovations may be allowable. Check with the program office before budgeting funds in this category.

Purpose	Description of Work	Cost
four lines per entry, use boxes below or an additional page for more space if required		
<b>TOTAL</b>		<b>\$0.00</b>

**G. Consultants/Contracts**

LifePath Staff	Service Provided	Computation	Cost
Randy Routon	Project Coordinator	12 mths. X 10% x \$ 10,000/yr.	\$ 11,000.00
New hire	Project Staff	12 mths. X 20% x \$40,000/yr	\$ 8,000.00
Susan Dann	Administrative Assistant	12 mths. @ 15% x \$35,000/yr	\$ 5,000.00
Suresh Sureddi	MD, Psychiatrist	5 hrs. x 6 meetings x \$ 130/hr	\$ 3,900.00
sub-total			\$ 27,900.00

Fringe Benefits	Computation	Cost
Project Coordinator	12 mths. @ 28% x 10%	\$ 3,080.00
Project Staff	12 mths. @ 28% x 15%	\$ 2,240.00
Administrative Assistant	12 mths. X 28% x 15%	\$ 1,400.00
sub-total		\$ 6,720.00
<b>TOTAL</b>		<b>\$ 34,620.00</b>

Consultants Name of Consultant	Service Provided	Computation	Cost
Facilitator TBA	plans & facilitates comm. Mtgs.	estimate \$ 1,500.00	\$ 1,500.00
Project evaluator TBA	recognized expert project evaluation	estimate \$ 10,000.00	\$ 10,000.00
Legal/Consultant TBA	provides consultation to SO/Mental Health	estimate \$ 1,800.00	\$ 1,800.00
<b>TOTAL</b>			<b>\$ 13,300.00</b>

Consultant Expenses Travel		Computation	Cost
Purpose off Travel	Location	Item	
Travel entry 1, D.O.J. -sponsored grant mtg.	Washington, D.C.	3 staff ( 3 x airfare 550.00)	lodging 200 x 3 \$ 3,480.00
Travel entry 2, Visits to successful jail diversion	To be determined		lodging - 3 staff \$ 3,430.00
<b>TOTAL</b>			<b>\$ 6,910.00</b>

Supplies Supply Items	Computation	Cost
Postage and mailings	estimate	\$ 1,500.00
Printing/Copying	estimate	\$ 1,000.00
<b>TOTAL</b>		<b>\$ 2,500.00</b>

Other Costs Description	Computation	Cost
Community wide meeting to intitiate planning	facility/rent/food service	<b>TOTAL \$ 5,000.00</b>

**TOTAL  
PROJECT COST \$ 62,330.00**

**H. Other Costs** - List items (e.g., rent, reproduction, telephone, janitorial or security services, and investigative or confidential funds) by major type and the basis of the computation. For example, provide the square footage and the cost per square foot for rent, or provide a monthly rental cost and how many months to rent.

Description	Computation	Cost
four lines per entry, use boxes below or an additional page for more space if required		
<b>TOTAL</b>		<b>\$0.00</b>

**I. Indirect Costs** - Indirect costs are allowed only if the applicant has a Federally approved indirect cost rate. A copy of the rate approval, (a fully executed, negotiated agreement), must be attached. If the applicant does not have an approved rate, one can be requested by contacting the applicant's cognizant Federal agency, which will review all documentation and approve a rate for the applicant organization, or if the applicant's accounting system permits, costs may be allocated in the direct costs categories.

Description	Computation	Cost
one line per entry		
one line per entry		
<b>TOTAL</b>		<b>\$0.00</b>

